

Young Adult Smokers' Experience with Health Warnings on Cigarette Packs: a Phenomenological Study

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Abstract

After replacement of health warnings on cigarettes packs with new ones, different in size, format, and content, this study aims to explore young adult British smokers experience regarding exposure to the UK health warnings on cigarette packs used from October 2008 to 2017. Qualitative phenomenological oriented semi-structured interviews were conducted with sixteen British young adult smokers to find out some effectiveness aspects of health warnings. Questions included which warnings could smokers remember and recall of these warnings? What did they feel when exposed to those health warnings? What was their reaction to them and the impact - if any- of these health warnings on their smoking behaviour? The results show that the most remembered health warnings were those with photos which focused on health themes and the most threatening warnings. Themes like children and death were less remembered, and no one remembered quitting warnings at all. Many smokers remembering that some warnings evoked negative emotions like fear, disgust and guilt, most of them affected emotionally, and some of them experienced short-term thinking about stopping when they focused on some health warnings. However, smokers' answers show that those health warnings had only a short-term or brief impact when smokers paid attention to some of them. However, they were not effective enough to show behaviour changes like an intention to smoke less or stop. Health warnings must be of short durations or developing new health warnings occasionally may reduce overexposure effect on smokers.

Keywords: health warnings, smoking, young adults, cigarette packs, experience.

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Background

In line with the World Health Organisation Framework Convention on Tobacco Control (FCTC) 2004 and EU regulations Tobacco Products Directive 2001 about smoking products [1]. In 2007 the United Kingdom approved regulations requiring pictorial health warnings on tobacco packages taking effect on 1 October 2008. [2]. Fifteen health warnings were used about smoking-related problems such as addiction, chemicals, impact on children, health effects, ranging from aging of skin or decreased fertility to cancer and death, and messages to quit. The UK Health warnings are available at: <http://www.tobaccolabels.ca/countries/united-kingdom/> (Access: December 2018)

Health warnings are considered a tool for educating smokers and non-smokers alike about the health risks of tobacco use. Their aim is to reduce the appeal of cigarettes for non-smokers, discourage initial smokers and encourage smokers to reduce or stop smoking. Warnings on cigarette packs are a compelling communication strategy. The combination of high exposure and nearly universal reach has made warnings a core tobacco control strategy globally. [3] Those warnings represent useful sources of health knowledge which could enhance perceptions of risk and can promote smoking cessation. Many smokers report that they have been made aware of the hazards of smoking because of warnings on cigarette packs rather than from other sources of information apart from television [4].

Health warnings with pictures are appealing because of their low cost to regulators and their unparalleled reach among smokers who buy and consume the cigarettes. They work every day, not just with smokers but also reaching those around smokers such as family members and friends who may help non-smokers not to initiate smoking. Also, the graphics and pictures on these health warnings are particularly significant for indi-

viduals who are illiterate and migrants who do not know much about the national language of the host country [5, 6].

The related literature showed that warning labels would have an impact if they can generate emotionally charged responses, either cognitive and/or behavioural, because most of them were designed with a fear appeal that could evoke a protection motivation, which could directly discourage smoking [7, 8, 9]. For example, using photographs describing mortality consequences and medical technology images of diseased or damaged body parts emerged as the strongest predictor of perceived warning effectiveness [10, 11, 12].

Also, research results suggest that strengthened cigarette pack warnings, especially severe pictorial warnings, increase attention to warnings and are associated with increases in knowledge about smoking harms, knowledge of quitlines, and quitline calls, as well as increases in cessation-related behaviour and reductions in smoking behaviour [7, 13, 14]. High emotional salience of the pictorial component of graphic warning labels is essential for their overall effectiveness, that is, evoking strong emotion, recall and remembering and increased motivation to quit smoking, and greater attempts to stop [15, 16]. It has been found that pictorial warnings on cigarette packaging were associated with higher fear intensity and lead to a significantly higher motivation to quit than solely written warnings (in countries which still use them) [17]. Other studies reveal that there is a relationship between the perceived effectiveness of health warnings and their frequency on cigarette packs. Labels showing damage to throat, teeth, and lung were more effective than a needle and quitline number, for example [14].

On the other hand, many studies reported that health warnings lose their potency and their shock value over time as smokers become habituated to warning content. Furthermore, smokers avoid them in many ways, such as trying not to look at or think about the warnings, as well as show some behaviour patterns such as covering up the warnings or not buying packs with parti-

cular warnings on them [5, 7, 10, 16, 18]. In study about health warnings, UK Smokers show an increase in hiding packs to avoid warnings and a decrease in warning salience. In contrast, regular smokers in Australia were considerably more likely to think about stopping and to forego cigarettes after the introduction health of warnings on tobacco products. If those health warnings are too shocking and frightening, this may lead to defensive mechanisms such as disengagement with the message and negative reactions, so that many smokers still commonly seem to say, "but that would never happen to me" [19, 20, 21, 22, 23].

Purpose of study

This research aims to ask the first group of the target audience of these health warnings (i.e., smokers) about their experience with such content and how and why they react to it in the way they do. More precisely, the study investigates the experience of young adult smokers in the UK with health warnings on tobacco packages after health warnings were replaced in May 2017 with a new plain package with strengthened health warnings and bigger size on cigarette packages [24]. The themes of fifteen health warnings on cigarette packs in the UK, were about health effects (seven warnings), quitting (four warnings), smoking effects on children (two warnings), addiction (one warning) and chemicals (one warning). Those health warnings were on cigarette packs in the UK from October 2008 until May 2017. After this date, those health warnings were replaced by plain tobacco packaging using new images with a bigger size than the previous ones. The study aims to find the answer to questions such as, what health warnings could they remember and what did they recall of these warnings? How did they feel when exposed to those health warnings? What was their reaction to them and the impact - if any- of these health warnings on their smoking behaviour? Such information could provide insights on how effective those warnings are in

achieving their aims with smokers (help them to stop) and what problems may make them not to working with regular smokers.

Method

This study is part of an ongoing qualitative research project designed to explore the effects of anti-smoking adverts on some of the smoker's behavioural outcomes, according to some anti-smoking advertisements features, such as the content and the level of intensity of this content (fear appeals). So, this study presents the results of the part which is about smoker's experience with health warnings on tobacco products, through adopting a qualitative approach with a phenomenological orientation (Hermeneutic). The data came from semi-structured interviews conducted by the researcher in 2017 with 16 British young adult smokers, each lasting between 35 and 65 minutes. The participants were university students in one of the UK universities recruiting via university email system. The main reason for choosing this purposive sample is that it reflects the age group (young adults) which contains the highest number of smokers in the UK now [25-27]. The study obtain ethical approval from ethics research committee in university and consent forms were given to participants and signed before the interviews were conducted. They read full information about the study and they were assured of freedom to withdraw from the interview at any time. Also, interviewees assured about their identities to remain anonymous (their names will replace with participants1, participants2 etc.). Thematic analysis of the smoker's answers was carried out to pick up the main themes of their answers.

Interview procedures

During January and February 2017, semi-structured interviews were conducted privately in study rooms in the main library of the University of Hull, which are quiet places and provided with full media equipment with a large screen to show advertisements and a reasonable level of sound. The interview guide included three parts. The first part -represented in this study- contained questions about smoking history, smoking habit, then smokers' experience with anti-smoking materials in general and

health warnings on cigarette packs in particular. The questions in this part are included: What is your experience with anti-smoking materials (health warning labels on cigarette packs)? Do you remember any health warnings on cigarette packs? If yes, please could you describe it? Could you describe your feeling when seeing it? Do you think these warnings work with smokers? Did they have any effect on you? Make you want to stop smoking for example? Did it make any difference to you?

Participants and public involvement

Patients were not involved in design and recruitment in this study.

Data analysis

Depending on interview questions and using a thematic analysis approach, the data of this study were summarized in answers to four main questions: What was smoker's expe-

rience with health warnings? What did they feel? What was their reaction? Did health warnings have any impact on smokers? The analysis was carried out using deductive and inductive approaches concurrently. The former allowed the researcher to focus on the research questions, while the latter provided flexibility to follow up any unexpected themes that emerged from the data gathered from participants.

Results

As Table 1 shows, the participants were nine female and seven male young adult British smokers enrolled in undergraduate and postgraduate programs in university of Hull. Most of them were in their twenties and had smoked on average for seven years, about half of them had smoked for more than ten years, and smoke more than ten cigarettes per day on average. Many of them had tried to quit at least once before, some of them had tried many times, unsuccessfully to quit smoking.

Table.1 Smokers' features

Features	Age	Gender	Smoking years	Average Cigarettes per day	Quit attempts
Interviewees					
Participant 1	30	Female	13 y	6	Never
Participant 2	28	Male	10y	20	A few times
Participant 3	28	Female	14y	5 to 8	Several times
Participant 4	21	Female	9y	10	Many times
Participant 5	21	Male	4y	6	Never
Participant 6	21	Female	3y	15	Many times
Participant 7	21	Female	7y	20	10
Participant 8	23	Female	5y	10 to 20	Once
Participant 9	20	Male	5 y	6	Once
Participant 10	30	Male	19y	20	Number of occasions
Participant 11	20	Male	5y	15	Once
Participant 12	20	Male	2y	5 to 10	twice
Participant 13	21	Female	4y	6 to 7	Never
Participant 14	21	Female	3y	10 to 15	Once
Participant 15	27	Female	15y	10 to 20	Never
Participant 16	20	Male	4y	10	Once

From smokers' answers, the researcher extracted four themes as answers to four questions that represented the whole of smokers' experience with such content:

1. What did smokers remember?

Physical threat

Smokers remembered the health warnings about health effects most "The ones with the throat like big growth in the throat ... that just freak me out and also the one with someone laid in the morgue fall out of the bed" (Participant3)... "Yeah there is always second-hand smoke being around the children no smoking around children and someone having surgery heart surgery, there is a needle for being addicted which I think it's really weird" (Participant13). "It was a throat one and black Lungs" (Participant8). "they say smoking causes direct cancer.. it kills and causes lung diseases and something like that heart failure just that sort of things...the images one of them had picture of guy with very swollen throat I think it is type of cancer" (Participant5). One of the smokers remembers most of them "I remember quiet a lot of them one with the dude on the bed with a big tumor, and one may be about fertility for men and women...blood pressure and heart disease and picture of like lung disease and staff and aging hands" (Participant11).

2. How did smokers feel when seeing health warnings?

Fear and negative emotions

Most smokers said that they experienced negative emotions when they saw or paid more attention to health warnings on cigarette packs. They described it as "They quite nasty...they are quite grump" (Participant14). Some smokers felt bad, and it did not make them enjoy their cigarettes "I just feel wasting my youth by doing this which is frustrated"

(Participant4). Some smokers felt fearful and threatened "there is really gross stuff on it. It grosses me up; I usually cover it with some stuff, so I do not see it. And I think they a bit extreme sometimes like they show things like a bit too much, you know. Like. Lung or that's tumor part" (Participant1). "The ones with the throat like big growth in the throat ... something like that just freaks me out" (Participant3). However, some of them they did not feel anything or found those health warnings did not have any effects "I don't think it is working ...I feel like initially, it has a shock value...I don't feel like this working" (Participant10). "It sounds stupid ... it doesn't fear me that much like it should" (Participant16).

3. How did smokers respond to health warnings?

Just ignore it

Some smokers did not focus on health warnings, because they contain distrusting images "just kind of more ignorance that what it is... I think just ignore it because it just looks pretty horrible.. obviously.. The teeth and lungs the most horrible probably that because why I remember them ...I just try to not look at them because it is pretty horrible just trying to not look at them" (Participant12). Others tried to hide the materials because they knew it was always there with the same content, so it did not have an impact anymore "I just don't pay attention to them... I think just do not look at it very much because I know it is on the packet...but I'm not usually set looking at the packet I just open the packet to get my cigarette and put it back again... I never really looked at it very long" (Participant7). "I don't know ...it doesn't really bother me because after a while you just throw them out if you know what I mean. ...when you first start smoking at the first like oh that nasty I don't need that to happen, but then after a few packs see them a few times on TV it's like oh it just another advert you just ignore it" (Participant8).

Try to avoid it

Since some smokers found some warnings distrusting content and shocking images, or wanted to enjoy their habit, some smokers had ways of avoiding such health warnings "I just try to not look at them because it is pretty horrible just trying to not look at them" (Participant12). "I do not think about it that much, just trying to not look at them or put something on them" (Participant1). "They are not very nice pictures they do sort of they affect me, but when I put my packet away, I forget about it" (Participant15). "I have a cigarette, and I put my cigarette packet away and the moment gone I smoke a cigarette I feel relief on my stress" (Participant15).

I get used to it

With some smokers, especially heavy smokers and those who had smoked for a long period graphic health warnings lost their impact on them over time as they become familiarized and desensitized to those warnings. "They do not really affect me...I am too used to it I see them on cigarettes packs. See them on TV, I do not really seeing it as applying to me, I know it does, but I am seeing them apply to other people" (Participant14) "Oh it's all very negative ... It doesn't fear me... I'm completely desensitized... Those I would say were a quite growing task in the beginning. What happens then? You got quite desensitized. So over time, it tends to lose their potency" (Participant2) "it's because, I getting used to it, I do not focus so long maybe they do not find shocking or just gross you up for a bit, but It did not last ...I do not think about it that much, just trying to not look at them or put something on them" (Participant1) "I feel desensitize to them" (Participant13).

It would not happen to me

Some smokers showed defense mechanisms to justify their behaviour patterns with

health warnings. They just denied the risks and bad consequences of smoking on them "I do think that would not happen to me. It would not be me ... You know. Although I just do that to justify to myself smoking, when I see them, I tend to think that would not happen to me that just extreme cases" (Participant3). "It would not happen to me this just for heavy smokers" (Participant9). "I think most people look at it and generally thinking it wouldn't either they want to really happen to them" (Participant12). "I do not really see it as applying to me, I know it does but I am seeing it apply to other people" (Participant14).

It's for smoking Prevention, not cessation

"I don't think they are very effective... Than thinking and that feeling really short term ... I think it works more possibly with people they haven't start smoking ... it is more preventative than to make you actually stop" (Participant11) "Definitely no ..I don't think it works...I think for s some people may make them realize it is not good and make them want to quit... but I think for me especially when you have been smoking for a while I don't think it makes any difference" (Participant13). Those smokers thought that once a smoker starts smoking or has smoked for a while, that means smoker already trapped in this habit or just simply enjoys it, so, he or she cannot do anything about smoking, and those health warnings do not work, they may work for people who have not started.

4. Did those warnings have any impact on smokers?

Short-term effect

On the occasions that smokers paid more attention and looked at these warnings in details, they felt bad and thought they should stop smoking. However, this feeling did not last, it was just for a short time and then disappeared because of habit and addiction. "At the moment when I see it, I think oh this is pretty bad this is

not ideal this is not how to end your life but it very brief impact" (Participant5). "Yeah short-term effect does sort maybe think maybe I should stop but then I have a cigarette, and I put my cigarette packet away and the moment went I smoke a cigarette I feel relief on my stress" (Participant15) "I don't think they are very effective... Than thinking and that feeling really short-term" (Participant11).

It does not work

Lack of motivation or intention to quit, familiarity with health warnings and addiction to smoking, make many smokers find that health warnings do not work for them. "For me I don't think it does working, ... I think it is just it also in mind-set I think, if people want to quit smoking and got that motivation they got it in their hands they will quit but unless you have this motivation.... For me, I don't think I have that motivation to want to do it... they are not very nice pictures they do sort of they affect me, but when I put my packet away I forget about it" (Participant15)... "It probably does not work because just because of it always there because of it just so common you just tuned out but it may work with some people and might not for others...With me, after while I just oh this nasty it just turns it out for a while I don't really notice them anymore ... I used to it" (Participant8)." but I think for me especially when you have been smoking for a while I don't think it makes any difference" (Participant13)... "It's not working with me" (smoker6).

Discussion and conclusions

According to the researchers' knowledge, this is the first study that addresses British young adult smokers' experience with health warnings regarding recall, their reaction to health warnings on cigarette packs and their impact on them. The results of this

study revealed that smokers recall and remember many of the health warnings presented on cigarette packs from 2007 to 2017, especially those that showed severe health effects. This is in line with most related literature, which found images of diseased body parts emerged as the strongest predictor of perceived warning effectiveness. Such images increase attention to warnings, message processing, and perceptions of warning effectiveness [3, 5, 28].

Also, the study results support the idea that picture-based warnings, use of photographs (rather than only text messages or drawings), medical technology images (e.g., X-rays or ultrasound images) and a suitable size are associated with the greater recall of smokers. This may be why none of the smokers in this study remembered any health warnings about quitting (four warnings) [8, 9, 16, 29, 30, 31]. The health warnings using the graphics that arouse strong emotional reactions such as fear and guilt make smokers feel threatened. This seems to succeed in grabbing smokers' attention and play a role in enhancing memorability and facilitating recall of health warnings [5, 8, 16, 15, 17, 32, 33].

Many studies revealed that pictorial cigarette packet warnings which evoke high emotional reaction (fear, guilt..) increase message processing and perception of health warnings effectiveness which translate into changing smoking-related attitudes, increasing smokers' intentions and motivation to quit smoking [4, 5, 7, 8, 15, 17, 18, 28, 29, 34]. However, in this study, health warnings evoked negative emotions with smokers (e.g. fear and guilt). Nevertheless, those emotion does not translate into desirable behavior outcomes but defence reactions. For example, some smokers thought about what has saw on cigarette packs it would not happen to them and denied their vulnerability to the smoking harms shown on health warnings, or downplayed such messages to remain unconvinced and view these messages as exaggerations [9, 30, 35, 36].

Many smokers rationalise such thinking and behaviour in various ways. For example, some smokers consider themselves still young,

they are just social smokers, they only smoke because of study pressure and they will stop after acquiring their degree, or they just smoke a few cigarettes a day, so those health warnings are for heavy smokers, or people who have smoked for a long time. Also, some smokers find those warnings do not work with them as smokers because they are already engaged with behavior, so, they might be trapped in this habit because of strong addiction [30].

Based on the above opinions, smokers' response to health warnings was in general negative (apparently, they still smoked). Some of them just ignored them, avoided, they were habituated to them or denied the messages about smoking consequences. Some smokers even tend to disparage/mock health warnings [29]. Some smokers find those warnings have short-term effects-if any- when seeing it. They may work with people who do not smoke yet and help to prevent smoking initiation [8, 33]. As a result of these adverse reactions, some smokers find those health warnings just have a short effect or brief impact on them when they look at and focus on cigarette packs, but in general, they see those anti-smoking materials not working at all. This finding is in contrast with two studies in the UK and Australia, which found that regular smokers and young adult smokers were significantly more likely to think about quitting and forego cigarettes after the introduction of the pictures.[18, 21].

The most noticeable response from smokers was avoidance. It took several forms among participants, some trying to put the cigarettes packet away, which is consistent with results of some studies in this realm [5, 7, 8, 22]. Some studies have found smokers become habituated to warning content over time and warnings lose their shock value. Smokers greater familiarity with such materials could make smokers desensitized to health warnings because of overexposure to health warnings [4, 7, 9, 10, 15, 37]. The results of surveys from the UK, Canada, and

Australia that monitored the effectiveness of pictorial warnings indicated that health warnings have their greatest effect shortly after implementation and decline in effectiveness over time [8].

Interestingly, some studies found that smokers' avoidance reactions stimulated by graphic warnings predicted increased thoughts of the harms of smoking which, in turn, promoted worry, quit intentions, and quit attempts, an indicator of psychological reactance that might inhibit desired behaviour change (e.g., quitting) [9, 7, 38, 39, 40]. Also, when smokers disparaged health warnings or made fun of graphic health warning labels. This indeed indicates that smokers are paying attention to and have read the warnings. They find great message relevance and processing it will subsequently mean greater likelihood of making future cessation attempts. Otherwise, if the warnings were ineffective in communicating the dangerous consequences of smoking, there would be no reason to avoid them [8, 29].

According to a study by Hammond and his colleagues, the "effectiveness" of graphic warnings can be measured in various ways, including: (1) measures of salience, such as noticing and reading the warnings; (2) changes in health knowledge and perceptions of risk; (3) intentions/ motivation to quit; and (4) behavioural changes, including changes in consumption, attempts to quit, and successful cessation." [6 p.14] In this study, smokers remembered several health warnings, especially those on health effects and all of them were aware, to some extent of risks and hazards of smoking. A number of them thought of reducing or stopping when they saw health warnings especially shocking images and warnings about health effects, but this thinking was very brief and short-term, and it did not translate into desirable behaviour outcomes like reducing smoking, firm intention to quit or stopping smoking.

To conclude, the results show that the most remembered health warnings were those which focused on health themes and the most

threatening ones (throat). Themes like children and death were less remembered and quitting warnings, were not remembered at all. Many smokers remembered warnings which evoked negative emotion like fear, disgust and guilt and most of them were affected emotionally. However, the smokers' answers show those health warnings were not effective enough to show behaviour changes like an intention to quit or smoke less or stop. According to smokers, this was because they had got used to them, denied and ignored them and were desensitized to them. Thus, health warnings on tobacco packages did not make smokers look for help, reduce their daily consumption or think of stopping. However, most of the smokers in this study had tried to stop smoking at least once before, which the researcher cannot relate solely to health warnings

Even though, the study have some limitations such as restrictions on generalizability, as this the study use qualitative approach and the size and types of sample (16 smokers and students), which influence study validity and make the researcher interpret these results carefully. The study results may indicate some practical implications which may help to overcome the problems with health warnings on cigarette packs. Firstly, the existing warnings should be rotated each of short durations, or new health warnings should be developed regularly to reduce overexposure effect as much as possible. As this study and most of the previous literature have found, the more vivid (using real shocking images) and emotion-evoking the warnings, the more likely to they are to be remembered and have more impact. Also, it would be worthwhile to test or try to introduce positive content, as many smokers in this study justified their avoidance or adverse reaction to health warnings because they all evoke negative emotions like fear and guilt, which do not encourage smokers to do further processing of such warnings.

Resumo

Post anstataŭigo de porsanaj avertoj pri cigaredaj pakaĵoj per novaj, malsamaj laŭ la grandeco, formato kaj enhavo, ĉi tiu studo celas esplori junajn plenkreskajn britajn fumantojn spertante denovan pritakson al la UK-avertoj sur cigaredaj pakaĵoj uzataj de oktobro 2008 ĝis 2017. Kvalitaj fenomenologiaj orientitaj semi-strukturitaj intervjuroj estis faritaj kun dek ses britaj junaj plenkreskaj fumantoj por ekscii iujn efikajn aspektojn de porsanaj avertoj. Demandoj inkluzivis, kiujn avertojn fumantoj povus memori kaj rememori tiujn ĉi avertojn? Kion ili sentis kiam ili rimarkis tiujn porsanajn avertojn? Kia estis ilia reago al ili kaj la influo - se efektive - de ĉi tiuj porsanaj avertoj pri ilia fumanta konduto? La rezultoj montras, ke la plej memoritaj porsanaj avertoj estis tiuj kun fotoj, kiuj fokusigis sanajn temojn kaj la plej minacajn avertojn. Temoj kiel infanoj kaj morto estis malpli rememoritaj, kaj neniu memoris ĉesigi avertojn. Multaj fumantoj memorante, ke iuj avertoj elvokis negativajn emociojn kiel timon, naŭzon kaj kulpon, plej multaj estis influitaj de emocioj kaj iuj el ili spertis mallongdaŭran pensadon pri ĉesade de fumado, kiam ili koncentriĝis pri iuj porsanaj avertoj. Tamen, la respondoj de fumantoj montras, ke tiuj porsanaj avertoj nur mallongdaŭre aŭ mallonge efikas kiam fumantoj atentis al iuj el ili. Tamen ili ne estis sufiĉe efikaj por montri kondukajn ŝanĝojn kiel intenco fumi malpli aŭ ĉesi. Porsanaj avertoj devas esti mallongdaŭraj aŭ oni devas disvolvi novajn porsanajn avertojn kaj de tempo al tempo oni povas malpliigi troelmontritan efikon sur fumantoj.

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